LITTO DE 0 % - 1951	STANDARD CERTIF	ICATE OF DEATH	State File No.	11681	
BIRTH NO	_ REG. DIST. NO318	PRIMARY REG. DIST. NO	1003 _{Registrar's No.} 1	1251	
1. PLACE OF DEATH a. COUNTY	-	2 USUAL RESIDENCE a STATE Missour	b. COUNTY	itution: residence before admission).	
b. CITY (If outside corporate limits, write R OR TOWN St. Louis	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY	d. Is Resi	dence within limits of or incorporated town?	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 4716 Plover Ave.		o. STREET (If rund, give location) ADDRESS 4716 Plover Avenue			
3. NAME OF a. (First) DECEASED (Type or Print) William	b. (Middle)	/ c. (Last) hern	4. DATE (Month) OF Nov. 2.	2, 1957	
5. SEX G 6. COLOR OR RACE Male Whtie	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpoolis)	8. DATE OF BIRTH Apr. 23, 1887	9. AGE (In years IF UNDER less hirthday) Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer	10b. KIND OF BUSINESS OR INDUSTRY Lammert Furn.	11. BIRTHPLACE (City and St. Louis, M	race of totalky councily	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE					
Michael Ahern 15. WAS DECEASED EVER IN U.S. ARMED (Yes. no. or unknown) (If yes, give war or dates		none Gen 17. INFORMANT'S SIG Genevieve Ahe		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION ONSET AND DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My or Cardual infarction 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 2. days.					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	s, if any, giving DUE TO (b)	malized arthre	oschovis.	3 years.	
tion which caused death. 11. OTHER SIGNI	FICANT CONDITIONS buting to the death but not use or condition causing death.		420-1		
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION		· · · · · · · · · · · · · · · · · · ·	20, AUTOPSY?	
	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSH	(COUNTY)	(STATE)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILE AT WORK AT WORK					
22. I hereby certify that I attended alive on Nov. 22, 195	the deceased from oct. 30,	1954, to Nov. 2	$\frac{2}{19}$, $\frac{5}{19}$, that I lasses and on the date states	t saw the deceased I above.	
23a. SIGNATURE	(Degree or title)	236. ADDRESS 634 North	grand, Sr.L. 31/0	23c DATE SIGNED	
24a. BURIAL, CREMA- 24b. DATE TION, REMOVAL (Specify) Burial 11/25/5	24c. NAME OF CEMETER Calvary Cen	etery St.	Louis, Miss	ouri.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.					
M. S. B. (Licensed Embalmer's Statement on Reverse Side)					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalment				
by me, or by	Student Embalmer No			
working under my personal supervision:.				

Student. Signeture of Student Embelmer

Licensed Embalmer No.3980

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

.If this body is not embalmed, fact should be so stated above.